



Office of Human Resources, Personnel Services Division  
101 Monroe Street, 7th Floor, Rockville, Maryland 20850

24 Hour Job Recording (301) 217-2240

TDD (Hearing & Speech Impaired Only) 217-1094

# EMPLOYMENT APPLICATION

It is the policy and practice of Montgomery County to select new employees and to promote current employees based on qualifications only, without regard to race, religion, color, national origin, sex, marital status, age, or disability. Each applicant appointed to a merit system position must meet all the requirements of that position. Such requirements may include successful completion of a verbal or written examination, a medical examination, and a confidential investigation, as well as the submission of certain documents.

Please type or print all answers in ink.

POSITION DESIRED \_\_\_\_\_ ANNOUNCEMENT NUMBER **N/A**  
DEPT./DIVISION \_\_\_\_\_ MINIMUM ACCEPTABLE SALARY \_\_\_\_\_  
DATE AVAILABLE \_\_\_\_\_ AVAILABLE FOR: Full-Time ☐ Part-time ☐ Temporary ☐

## PERSONAL DATA

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
Last First Middle Other

ADDRESS \_\_\_\_\_  
Number and Street (Apt. No.) City State Zip Code

TELEPHONE NUMBERS: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_ OTHER \_\_\_\_\_

### **To Be Completed By Public Safety Applicants Only (Police, Fire, Corrections, Sheriff):**

U.S. CITIZEN? ☐ Yes ☐ No

Are you claiming veteran's preference? ☐ Yes ☐ No

If yes, **you must attach** a completed "Request For Veteran's Credit" Form to the application, at time of submittal.

### **The Following Information is Voluntary:**

Please complete the following to assist us in the collection of statistics required for our Affirmative Action Plan and in complying with Equal Employment Opportunity Commission reporting requirements:

EEO Race Category:

Caucasian <input type="checkbox"/> (Not Hispanic)	Black/ <input type="checkbox"/> African American	Asian or <input type="checkbox"/> Pacific Islander	Hispanic <input type="checkbox"/>	American Indian, Eskimo, Aleut <input type="checkbox"/>
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Sex: ☐ Male ☐ Female DATE OF BIRTH \_\_\_\_\_

Individuals with disabilities are encouraged to apply for announced positions. Accommodation is provided in recruitment, testing and placement. For assistance, please call 217-2563. **Alternative application formats are available upon request.**

**AN EEO/AFFIRMATIVE ACTION EMPLOYER  
M/F/DISABLED**

**MISCELLANEOUS**Have you ever been an applicant or an employee of the Montgomery County Government? ☐ Yes ☐ No

If Applicant: Date of Application: \_\_\_\_\_ If Employee: Dates of Employment \_\_\_\_\_

Position Applied For \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Position Title \_\_\_\_\_

Please indicate the source from which you learned of this position:

- ☐ Newspaper (Name) \_\_\_\_\_
- ☐ Bulletin or poster (Posted where) \_\_\_\_\_
- ☐ Job Recording
- ☐ County Employee
- ☐ Other (Specify) \_\_\_\_\_

**EDUCATION AND TRAINING**Circle Highest Grade Completed: Did you Graduate? ☐ Yes ☐ No High School Equivalency Diploma:

1 2 3 4 5 6 7 8 9 10 11 12

Date \_\_\_\_\_

Date Awarded \_\_\_\_\_

COLLEGES ATTENDED	SCHOOL NAME CITY & STATE	TYPE OF DIPLOMA OR DEGREE AWARDED	NUMBER OF CREDITS	MAJOR FIELD	DATES ATTENDED	
					From	To

OTHER (Military, Trade, Business, Secretarial, Etc.)

Foreign Language Spoken or Read: Skills: Typing \_\_\_\_\_ wpm Shorthand \_\_\_\_\_ wpm Computer-Word Processing Skills:

Professional License: Type: License #: State Issued: Expiration Date:

Please list below any additional information you consider pertinent to your application for employment (including school honors, organization memberships, unique skills, etc.)

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**To Be Completed By Applicants Applying For Positions Which Require Driving:**Do you possess a valid motor vehicle operator's license. Yes ☐ No ☐

If your answer was yes, please state jurisdiction in which license was issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Type: \_\_\_\_\_

**EMPLOYMENT HISTORY****Instructions:**

The examination process often entails a training and experience rating based on the information supplied on the Application Form. Therefore, please provide a detailed employment history. List all positions held, including military, part-time, summer, and volunteer. Use additional sheets if necessary. If you submit a resume, all information except "Job Title and Duties" must be provided on this Application Form.

**PRESENT OR MOST RECENT POSITION:**

EMPLOYER NAME _____	<b>Dates of Employment</b> <b>Month/Year</b> From: Mo. Yr. To: Mo. Yr.	<b>Salary</b>	<b>Avg. Hrs. per Wk.</b>
ADDRESS _____		Start \$ _____	_____
_____		Final \$ _____	_____

TELEPHONE \_\_\_\_\_ NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NO. &amp; KIND OF EMPLOYEES SUPERVISED \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER POSITIONS:**

EMPLOYER NAME _____	<b>Dates of Employment</b> <b>Month/Year</b> From: Mo. Yr. To: Mo. Yr.	<b>Salary</b>	<b>Avg. Hrs. per Wk.</b>
ADDRESS _____		Start \$ _____	_____
_____		Final \$ _____	_____

TELEPHONE \_\_\_\_\_ NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NO. &amp; KIND OF EMPLOYEES SUPERVISED \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME _____	<b>Dates of Employment</b> <b>Month/Year</b> From: Mo. Yr. To: Mo. Yr.	<b>Salary</b>	<b>Avg. Hrs. per Wk.</b>
ADDRESS _____		Start \$ _____	_____
_____		Final \$ _____	_____

TELEPHONE \_\_\_\_\_ NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NO. &amp; KIND OF EMPLOYEES SUPERVISED \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME _____	Dates of Employment Month/Year From: Mo.      Yr. To:    Mo.      Yr.	Salary	Avg. Hrs. per Wk.
ADDRESS _____		Start \$ _____	_____
		Final \$ _____	_____

TELEPHONE \_\_\_\_\_ NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NO. &amp; KIND OF EMPLOYEES SUPERVISED \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_

**GENERAL INFORMATION**

Affirmative responses to the following questions will not automatically exclude you from employment consideration. Have you ever been dismissed or asked to resign from any position? Yes ☐ No ☐ If yes, please explain.

Have you ever been convicted of an offense in an adult court? Yes ☐ No ☐ If yes, please explain.

The following notice applies to everyone except applicants for law enforcement officer positions as defined by Article 27, Section 727, or any employee of any law enforcement agency of the State of Maryland, or any county, incorporated city or town, or other municipal corporation.

***"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00."***

NOTE: ALL APPLICANTS MUST ACKNOWLEDGE THE NOTICE ABOVE, BY SIGNATURE, ON THE FOLLOWING SPACE \_\_\_\_\_. FAILURE TO SIGN WILL RESULT IN REJECTION OF THE APPLICATION.

In order to preclude a delay in the processing of your application, please be sure you have signed and dated the form below and that you have answered every question clearly and completely.

I, the undersigned, certify that I have read and fully comprehend this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge from the County service. In submitting this application, I further understand that it becomes the property of Montgomery County and will not be returned.

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_

*We thank you for making application for employment with Montgomery County.*

**EQUAL OPPORTUNITY EMPLOYER  
M/F/DISABLED**